LOS ANGELES COUNTY COMMISSION ON HIV

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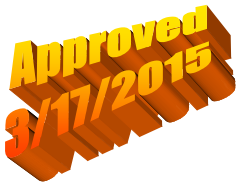

PRIORITIES & PLANNING (P&P) COMMITTEE MEETING MINUTES

May 28, 2013

P&P MEMBERS PRESENT	P&P MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Al Ballesteros, *Co-Chair*	Whitney Engeran-Cordova	Aaron Fox	Jane Nachazel
Bradley Land, *Co-Chair*	Anna Long	Miguel Fernandez	Glenda Pinney
Christopher Brown		Luke Klipp	Craig Vincent-Jones
Douglas Frye		Ted Liso	
David Kelly		Scott Singer	
Abad Lopez		Jason Wise	**DHSP STAFF**
LaShonda Spencer			Juhua Wu
Carlos Vega-Matos			Dave Young
Tonya Washington-Hendricks			

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Priorities & Planning (P&P) Committee Meeting Agenda, *5/28/2013*
2) **Spreadsheet**: Grant Year 22 Ryan White Part A, Single Allocation Model (SAM) Care and MAI Expenditures by Service Categories as of February 28, 2013, *5/21/2013*
3) **Summary Key**: Ryan White Parts A and B and MAI Expenditures by Service Categories, *3/18/2013*
4) **Table**: County of Los Angeles, Department of Public Health, Division of HIV and STD Programs, Non-Medical Case Management Extension, Client Profile, *5/2013*
5) **Memorandum**: FY 2012 Priority- and Allocation-Setting (P-and-A) Contingency Scenarios, *8/1/2011*
6) **Memorandum**: FY 2012 Contingency Funding Scenario Directives, *8/29/2011*
7) **PowerPoint**: Other Streams of Funding for HIV/AIDS Services, *5/28/2013*
8) **Application Final Notice**: Department of Health and Human Services, Health Resources and Services Administration, Ryan White HIV/AIDS Program Core Medical Services Waiver, Application Requirements, Final Notice with Opportunity for Comment, *5/17/2013*
9) **Table**: FY 2014 Proposed Service Category Allocations, *5/28/2013*
10) **Policy/Procedure**: #05.4001: Service Category Definitions and Related Rules and Requirements, *revised 3/7/2013*
11) **Memorandum**: FY 2014 Priority Ranking Recommendations, *5/2/2013*

1. **CALL TO ORDER**: Mr. Land called the meeting to order at 12:15 pm. Attendees identified their conflicts of interest.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the Priorities & Planning (P&P) Committee Meeting Minutes **(*Postponed*)**.

4. **PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP**:

- Mr. Fox reported AIDS Healthcare Foundation (AHF) is sponsoring a ballot initiative to establish a City of Los Angeles Department of Public Health funded by transferring to the City resources that now go to the County Department of Public Health. The City is now verifying signatures gathered by AHF to determine if they meet the numerical requirement.
- The City Council either has or plans to pass a resolution against the initiative before it goes onto the ballot. Mr. Fox urged that the Commission, if possible, recommend that the Board of Supervisors pass a mirror resolution against the initiative.

➲ Mr. Fox will verify when the City Council passes its resolution against the initiative and report back.

5. **COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP**: There were no comments.

6. **CO-CHAIRS' REPORT**: There was no report.

7. **FY 2012 FINANCIAL EXPENDITURES**:
   - Mr. Young, Chief, Financial Services Division, DHSP reported projections to fully expend both the YR 22 Part A and FY 2012-2013 SAM Care/Part B. The $4.1 million YR 22 Minority AIDS Initiative (MAI) grant has already been fully expended.
   - Mr. Kelly asked about the $1 million allocated to litigation costs from Net County Cost (NCC) funds on the summary schedule. Mr. Young replied the amount reflects an estimate from DHSP's County Counsel. DHSP pays a standard quarterly counsel invoice, but bills have not yet been received from County Counsel and outside counsel for the litigation.
   - Mr. Land asked if the Board had increased NCC to account for the additional litigation cost. Mr. Young replied DHSP has a set amount of NCC to spend on both services and administrative costs, which has not been increased to cover the litigation.
   - Mr. Land asked if staff is also being diverted due to the litigation. Mr. Young said, in addition to the $1 million, significant time is devoted to litigation, e.g., to provide information, depositions and, for some, nearly daily meetings with counsel.
   - Mr. Land suggesting referring the matter to the full body as services are being compromised, but Mr. Vincent-Jones urged caution in discussing litigation. The Commission may only express concerns about possible effects.
   - Litigation in the County often merits an executive session so great care must be taken regarding conclusions stated on the public record. Public comment must also be monitored. The Commission should have no input on the litigation, which is an internal County matter pertaining to the Department of Public Health, County Counsel and other involved departments.

   ➲ P&P will note the annotated $1 million legal cost on the Summary schedule at the 6/13/2013 Commission meeting and direct any questions to Mr. Pérez. Mr. Young will advise Mr. Pérez that there may be questions about the litigation.

8. **FY 2013 ALLOCATION REVISIONS**: New meeting arrivals identified their conflicts-of-interest.
   A. **Medical/Non-Medical Case Management**:
      - Mr. Vega-Matos noted the request for additional client profile information when DHSP extended contracts for ten non-medical case management providers lacking Medical Care Coordination (MCC) in January or February. DHSP reran the data and found data previously provided erroneously included clients receiving non-medical case management in agencies that had MCC. Those cases were extracted along with inactive cases that should have been closed.
      - Mr. Vincent-Jones noted this subject was placed under revisions since the new data might affect allocations.
      - Mr. Vega-Matos said DHSP reviewed provider cases active in Spring 2013. Of the clients, 502 have a Ryan White/ Healthy Way LA (HWLA) medical home and 249 either were receiving care outside a medical home or had no medical care provider identified in Casewatch. He noted the low number for HWLA insurance (32) was due to migration issues.
      - Most of the 751 clients are African-American (219) or Hispanic (366). Most (610) are at or below 100% of the Federal Poverty Level (FPL) with 129 at 101-200% FPL. Most are also below one of the Ryan White and HWLA cut-offs at 133% of FPL. Only 9 are at 201-300% of FPL with 2 at 301-400% and 1 unknown.
      - 501 clients have stable/permanent housing, but many do not with 100 in non-permanent, 51 in institutional and 40 in other housing. 110 were incarcerated in the last 24 months and 149 were incarcerated over two years ago.
      - Mr. Vega-Matos said DHSP will work this year to ensure those who have a medical home with implemented MCC are transitioned to it, but will also work to identify where the others receive care and how to provide them with MCC services. The latter group is likely to increase with implementation of the Affordable Care Act (ACA) on 1/1/2014.
      - Mr. Vincent-Jones asked about the 502 Ryan White/HWLA clients. Mr. Vega-Matos said these are Ryan White clients who became eligible for HWLA and had at least one medical visit in the last twelve months. The medical home is the same for both and has MCC. The non-medical case management provider should transfer the client to that MCC team.
      - Non-medical case management contract extensions require providers to attach a written declaration that they will: 1) transfer any active patients with a warm hand-off to the MCC team at the medical home chosen by the patient;

2) assess where those outside the Ryan White medical home system are receiving medical care; and 3) try to identify whether those for whom no information is available are truly out of care or whether there is an information gap.

- Many of the 502 Ryan White/HWLA clients are also likely to be undocumented, but the number is not yet known. Case watch is being refined to gather more detail as DHSP moves to the Fee-For-Service (FFS) medical outpatient model. Refinements will continue to be necessary as programs such as Covered California roll out.
- Mr. Vega-Matos noted DHSP began receiving calls in January or February from providers outside the Ryan White system of care who had a significant number of Medi-Cal/Medicare clients receiving medical care outside Ryan White, e.g., through HealthNet or UCLA. DHSP wants to review clusters of such patients to identify how best to serve them.
- MCC was originally developed to wrap around a Ryan White medical home so a modified "MCC lite" is needed to provide continuity of care for those outside that system, e.g., those migrating to health care reform plans. DHSP has had initial discussions on options. Once developed, a proposal will be presented to the Standards of Care Committee.
- Mr. Vincent-Jones said the current MCC standard was developed with significant flexibility with the understanding it would be needed if health care reform was passed. The Medi-Cal 1115 Waiver (Bridge to Reform) served as a prototype to build an "MCC lite" component into the standard, but it was not defined.
- Mr. Vega-Matos said he was involved in that effort. At the time, the estimate for those expected to migrate out of the Ryan White system was only 200-400. Those migrating out after implementation of ACA starting 1/1/2014 will be dramatically higher. Providers are also now starting to limit ADAP enrollment and MCC to their own patients. That puts greater pressure on developing an "MCC lite" for patients outside the Ryan White system.
- Mr. Vincent-Jones felt that underlined the importance of determining whether the expansion of the ten non-medical case management contracts will require increasing the allocation for 2013 and consequently affect the 2014 allocation.
- Ms. Wu noted HRSA requires jurisdictions to report allocations as medical and non-medical case management even though the Commission allocates to MCC. The allocation was increased from 2012 to 2013, but the final 2013 award has not yet been received so actual funding is not known. Mr. Vega-Matos added the first full quarter of MCC will end in May 2013. Data from that quarter will indicate whether funding is already adequate or not.
- Mr. Vincent-Jones noted the current Commission is winding down. The newly constituted Commission will launch 7/11/2013, but will have many new members unfamiliar with the process and new committees will not start until September. Consequently, there will be no place to take revised information for some months. He urged making allocations now and revising them later if needed. Both Mr. Vega-Matos and Ms. Wu recommended no revision.

MOTION #3: Revise FY 2013 allocations, as determined ***(Withdrawn)***.

9. **FY 2014 PRIORITY REVISIONS**: New meeting arrivals identified their conflicts-of-interest.
   A. Transitional Cas**e Management**:
   - Mr. Vincent-Jones noted several service categories were tentatively combined when prioritizing Linkage to Care (LTC) as a separate service category. Subsequently, two preliminary Expert Review Panels were convened in the process of developing the standard. They disagreed on many points, but both felt Transitional Case Management (TCM) should remain a separate service category from LTC. That being the case, TCM needs to be ranked.
   - TCM is designed to be a bridge between two programs to avert falling out of care. Previously identified scenarios are: help the post-incarcerated transition from jails/prisons to Ryan White-funded care coordination; and help youth, e.g., those being emancipated or living on the street, transition to traditional care coordination. A third suggested scenario not yet in the standard is transition for the homeless into permanent housing.
   - Mr. Vega-Matos felt that as the system evolves some populations such as the homeless and active users are likely to require highly structured interventions that are time-limited with clear engagement outcomes.
   - DHSP has contracted for 750 people to receive services with 450-500 for the post-incarcerated and the rest for youth. Mr. Young projected approximately $550,000 in overall expenditures with $450,000 of that for the post-incarcerated.
   - There was agreement that this service category helps high risk populations access care and averts other infections.
   - ➲ Update Policy/Procedure #05.4001: Service Category Definitions and Related Rules and Requirements per Motion 4.

   MOTION #4: **(*Land/Frye*)**: Remove Transitional Case Management from the Linkage to Care service category with a priority ranking of 7 in the FY 2014 service category rankings, assign Transitional Case Management a priority ranking of 8 and move all other service categories down one ranking **(*Passed: Ayes,*** Ballesteros, Frye, Kelly, Land, Lopez, Spencer, Vega-Matos, Washington-Hendricks; ***Opposed,*** None; ***Abstention,*** None***)***.

10. FY 2014 MINORITY AIDS INITIATIVE (MAI) ALLOCATIONS: New meeting arrivals identified their conflicts-of-interest.

- Mr. Vincent-Jones noted service categories for the remainder of the current fiscal year are: Oral Health Care, Medical Case Management which has become MCC and Early Intervention Services which is evolving into LTC.
- P&P has voted to allocate 100% of MAI to LTC starting 3/1/2014. The original intent was to include TCM as well as other services but, per Motion 4, it no longer includes TCM unless P&P allocates to it and determines service percentages.
- Mr. Vega-Matos said the current DHSP contracted level for TCM is approximately $750,000. One provider was added this fiscal year for a total of three youth and four or five post-incarcerated TCM providers. Mr. Young said actual SAM Care/Part B expenditures through February 2013 are $475,862 not including the new provider. Total MAI funding is $3.1-3.2 million.
- Mr. Vincent-Jones noted P&P and the Commission highlighted youth as a special population which would pertain to TCM. He asked if youth TCM could be expanded. Mr. Vega-Matos noted the RFP process is the only expansion tool available now and has become more restrictive. Several agencies serve pockets of youth. Only a couple more may serve notable numbers.

MOTION #5: **(*Ballesteros/Land*)**: Allocate 25% of Minority AIDS Initiative funding to Transitional Case Management (TCM) and 75% to Linkage to Care; and request DHSP to bring back a report to the first meeting of the new Planning, Priorities and Allocations (PP&A) Committee on current TCM services for youth that are contracted and the estimated capacity to expand services **(*Passed: Ayes,*** Ballesteros, Brown, Frye, Kelly, Land, Lopez, Vega-Matos, Washington-Hendricks; ***Opposed,*** None; ***Abstention,*** Spencer***)***.

11. FY 2014 PRIORITY- AND ALLOCATION-SETTING (P-AND-A):

- Mr. Vincent-Jones reported HRSA released its Ryan White HIV/AIDS Program Core Medical Services (75/25) Waiver guidelines. P&P previously discussed whether the Commission should request a waiver from the requirement to allocate 75% of funds to core medical services in lieu of patient migration to other medical services via the Low Income Health Program (LIHP). It was decided that, due to slow implementation, it would still be possible to meet the requirement.
- The four waiver requirements were also stringent, e.g., as part of the application, the jurisdiction must guarantee everyone has an opportunity to access other medical care and provide a letter from ADAP guaranteeing access to ADAP coverage.
- There were many discussions at the All Grantees meeting on the difficulty of the requirements and the need to simplify the process prior to implementation of the ACA. He complimented California Office of AIDS and Los Angeles jurisdiction representatives for pressing the issues and noting more jurisdictions were likely to need the waiver post-ACA.
- Los Angeles urged separating the process from the application due to the difficulty of evaluating expenditures mid-grant. HRSA's proposal has uncoupled the waiver request from the application. Proposal comment is open until 6/24/2013.
- As no waiver was requested, 75% of funding must be allocated to core medical services. Allocations apply to the 3/1/2014-2/28/2015 grant year. The application deadline will be in September or October 2013.

A. C*ontingency Funding Scenarios*:

- Theoretically, all eligible patients will have migrated from LIHP to Medi-Cal Managed Care or gained coverage under Covered California by the grant period. Mental health services are part of LIHP/Medi-Cal Managed Care for PLWH, but the Department of Mental Health (DMH) is not yet providing PLWH services due to adequacy questions.
- Data on several key areas will not be available until after the grant year begins: cost impact of migration; actual cost of medical outpatient services under the Fee-For-Service (FFS) model; cost of MCC; Oral Health Care expansion, Phase 3; migration to DMH mental health services; optometry pilot program; health insurance premiums and cost-sharing.
- The estimate of 5,000 PLWH moving from Ryan White services to LIHP have been accurate with approximately 3,800 enrolled and enrollment open one more month. Another 5,000 are projected to leave Ryan White due to ACA implementation. 15,000 PLWH received Ryan White Medical Outpatient/Specialty care last year so that will decline.
- Denti-Cal is also under discussion but, if re-started, Mr. Vincent-Jones felt it would be unlikely to meet the full range of PLWH needs.
- Scenarios are based on migration to other systems and grant funding. DHSP was told to expect a 6-7% reduction for the remainder of FY 2013 due to sequestration at 5% and other issues. Sequestration is expected to continue into FY 2014.
- Mr. Vincent-Jones noted the Commission will also be responsible for prevention and STDs for FY 2014. Prevention funding is being slashed though projections are not yet available. The Commission does not allocate Net County Cost (NCC) funds, but does provide recommendations. Those will need to change based on prevention funding changes.
- Mr. Fox said the community was better able to estimate the eligible LIHP population because clients were familiar, but estimating those who will migrate to Covered California will be harder. Mr. Vega-Matos noted those who have already migrated to LIHP will also have other options so there is likely to be movement within that cluster of patients.

- Mr. Fox reported he and Mr. Klipp were in Sacramento two weeks prior. The administration has released the ADAP estimates package. ADAP will pay premiums, medication co-pays and medication deductibles for eligible patients in Covered California. There are many other Covered California out of pocket costs, e.g., visit and laboratory co-payments.
- Ms. Wu reported the Office of AIDS is expanding Care-HIPP to cover premiums for any kind of insurance.
- Mr. Vega-Matos noted it is much harder to provide options outside the Ryan White/HWLA network especially by 1/1/2014. Mr. Vincent-Jones added that is also part of the problem in developing optometry services.
- ➲ Retire the FY 2012 Contingency Funding Scenarios as patient migration will no longer be the cost-driver by FY 2014.

B. Key and Priority Populations: This item was postponed.

C. Resource Allocation Setting:

- Mr. Vincent-Jones noted the Commission has made some revisions since the original FY 2013 allocations that need to go forward. Oral Health Care, Phase 3 was funded; non-medical case management contracts have been extended; and additions to Medical Outpatient are likely to increase its cost. Mr. Vega-Matos said laboratory, imaging and pharmacy expenses are now included in the $330.12 rate. The rate will be reset after the summer of 2014 based on performance.
- On the other hand, the original allocation for Medical Specialty was $2.5 million with just $1.5 million committed.
- Mr. Vincent-Jones said FY 2013 allocations estimated a $7 million decrease in Medical Outpatient/Medical Specialty due to migration, which justified expanded MCC funding. The estimate was prior to the Medical Outpatient additions.
- Mr. Vega-Matos noted the 0.5% for Long-Term and Palliative Care can be zeroed out as there are no contracts. Mr. Singer, AIDS Project Los Angeles, said there have been at least two patients in the last month who needed a long-term supervised placement and had to improvise a solution. The problem is not lack of need, but lack of providers.
- Mr. Vega-Matos noted using MAI for LTC and TCM supports reducing the Part A allocations for those services. He cautioned, however, to retain some funding in Part A or SAM Care/Part B to serve non-MAI populations. Mr. Vincent-Jones noted the new MAI service categories also mean it no longer contributes to Oral Health Care funds. The YR 2013 Phase 2 expansion was funded with $1.5 million additional each from Part A and MAI. That does not include Phase 3.
- Mr. Vincent-Jones noted the new PP&A Committee will begin monitoring expenditure patterns as soon as it is constituted in September 2013. With so many areas of data in flux, it is more realistic now to think in broader terms, e.g., health insurance premiums/cost-sharing is likely to increase. Specific percentages are not as critical now, but HRSA requires allocations for the application. They can be revised when additional data is available.
- Mr. Kelly noted DHSP made recommendations last year and asked about this year. Mr. Vega-Matos replied there are so many moving parts such as LIHP and FFS implementation that it was not possible to submit a list today. He felt the discussion was helpful to explore issues and provide a sense of the group. DHSP should know more by September.
- Regarding other resources, Mr. Vega-Matos noted California is directing millions of dollars into education, outreach and patient navigation for Covered California. Some County providers have already received large grants. HRSA is also releasing benefits support competitive awards. DHSP learned about those because it has received requests for letters of support.
- Mr. Klipp clarified that initially California is only funding education and outreach. Funding for navigation, e.g., support for enrollment, will be a separate Assisters Program not yet developed. To date, California assumes that people in Ryan White will not be required to enroll in Covered California and few will likely enroll voluntarily. HRSA has not yet decided whether enrollment will be required. He added Medi-Cal enrollment worker compensation has not been determined.
- Mr. Vega-Matos said HRSA has a Premium Support service category, separate from Benefits Support, which allows payment for premiums, co-payments and deductibles. DHSP has not yet deployed that service and would need to develop a mechanism to do so. Mr. Fernandez noted HOPWA has a procedure for paying unexpected medical costs. The client presents the medical bill to HOPWA and HOPWA pays the rent to the landlord/property manager so that the client can pay the medical bill. Mr. Vega-Matos pointed out HRSA would require payments directly to the insurance company, e.g., for premiums.
- Mr. Brown stressed maintaining flexibility going forward to make revisions as needed. He added Ryan White may be at risk in future because some feel other systems can absorb PLWH so it is important to focus on gaps in coverage.
- Mr. Vincent-Jones noted allocations are for Parts A and SAM Care/Part B. Ranges are an option to offer flexibility. He suggested noting funding priorities to guide DHSP and future decisions, e.g., increasing Benefits Support for cost-sharing has been discussed. LTC is another concern. P&P normally chooses the more conservative of two options.
- P&P also needs to provide reasons for changes both to inform the community and reply to other jurisdiction enquiries.

- Correct the original list of services to reflect that Medical Transportation is a support service and not a core medical service and Home-based Case Management is a core medical service and not a support service.
- Identified recommended allocation increase (⇧), decrease (⇩) or stable (⇔) funding for service categories as noted:
  - *Medical Outpatient/Specialty (MO/S),* ⇩: Patient migration out of the Ryan White system of care;
  - *Medication Assistance and Access,* ⇩: California is funding ADAP enrollment and FFS MO/S is absorbing Local Pharmacy Program/Drug Reimbursement;
  - *Oral Health Care,* ⇧: Phase 2 and 3 expansions – while Medi-Cal Managed Care requires dental coverage, it is likely to be limited and re-instatement of Denti-Cal is questionable and, if approved, also will be limited;
  - *Medical Care Coordination,* ⇔: Other, more intensive, support is funded in Linkage to Care and Retention in Care;
  - *Mental Health Services,* ⇔: Many other systems include this service though most have primary care physicians rather than psychiatrists prescribe psychotropic medications – other system plan coverage and uptake still being determined;
  - *Benefits Support,* ⇧: Supports access to and retention in needed services regardless of system;
  - *Linkage to Care Services,*⇔: MAI now 75% allocated to Linkage to Care so it has been increased to meet need;
  - *Transitional Case Management,* ⇩: MAI now 25% allocated to Transitional Case Management;
  - *Residential Care and Housing Services,* ⇧: Federal and state housing resources have decreased significantly;
  - *Retention in Care Services,* ⇧: Significant need;
  - *Substance Abuse Services,* ⇧: Significant need with substance abuse driving the epidemic in many populations and service category overspent – DHSP currently funds day treatment residential rehabilitation and transitional and is working to develop an outpatient component in one or two years;
  - *Housing Supportive Services,* ⇧: Significant need with up to three week wait for appointments – will evaluate HOPWA resources prior to allocation of funds;
  - *Medical Nutrition Therapy,* ⇧: Zeroed out in 2009 due to Ryan White funding cut though MO/S FFS contracts include needed supplements – still need for dieticians especially with sicker patients entering the system through Linkage to Care and Retention in Care;
  - *Optometry Services,* ⇔: Pilot project planned for last quarter FY 2013 is now planned to launch in FY 2014;
  - *Home-Based Care,* ⇧: Aging population with most not eligible for resources other than Ryan White;
  - *Long-Term and Palliative Care,* ⇔: Standalone Ryan White services not feasible – can make supplemental allocation to Residential Care Facilities for the Chronically Ill to support additional Hospice services;
  - *Rehabilitation Services,* ⇔: Have never allocated to this service category and not feasible to launch;
  - *Respite Care,* ⇔: Have never allocated to this service category and not feasible to launch.
- Directive to DHSP: Investigate and report back to PP&A on roadblocks to supplement access via MO/S FFS.

MOTION #6: Allocate FY 2014 funding, as determined ***(Postponed)***.

12. FY 2013 P&P COMMITTEE WORK PLANNING: This item was postponed.

13. NEXT STEPS: A special meeting to complete allocations was scheduled for 6/10/2013, 12:00 noon to 5:00 pm.

14. ANNOUNCEMENTS: There were no announcements.

15. ADJOURNMENT: The meeting adjourned at 4:20 pm.